## 聖城中文學校 San Antonio Chinese Culture Institute (http://sacci.us)

## Adult Class Fall Semester (September to December) Registration Form

Student Information School hours – Unline (	<mark>Class</mark> - Eve	ry Sunday afterno	oon 1:30pm to	3:15pm			
Last Name	First Name		Chinese Name	e (If any)	Occupation		
Address			Phone No.	Cell Phone.	E-mail address		
Emergency Contact (Last, First)		Telephone No.		Family Doctor (Last, First)		Phone	
Refund Policy: Tuition will be refunded in full if you cancel your registration prior to 1 <sup>st</sup> day of attending classes.				260.00/ per student			
		Registration Fee: \$20.00  Membership Fee: \$20.00					
Please mail Registration Form and a check (payable to SACCI) to:				(Make check pay	able to SACCI)	Total	
Ns. Angela Fang 11927 Mesquite Mesa St., S. A. TX 78249 Tel. (210) 415-7641							
Medical Authorization and Disclaimer: I request that the above authorization to secure necessary medical attention. I will not ho nis/her care. I am hereby waiving all claims against the SACCI at	ld SACCI, its	staff or teachers liabl	le for any and all m	nedical aids rendered and will reimburs	e the SACCI for any	and all medical and/or other	
Signature of Student:		-	Date:				